

Local Contact Agency Facility Communication Form

TO: _____

FROM: _____

DATE: _____

Reference
Referral # _____

Visit
Date: _____

The individual subject to the referral noted above received a visit from an Options Counselor of the MDS 3.0 Section Q Local Contact Agency.

The OC was unable to complete the interview because _____

The OC was unable to complete the interview. Referral for follow-up will be made to _____

The individual subject to the referral made no requests.

At the individual's request, the following information is shared _____

Individual requests Money Follows the Person Application be completed and submitted.

Options Counselor Name

Phone Number

North Carolina Department of Health & Human Services | Division of Aging and Adult Services

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